

Case Number:	CM13-0061114		
Date Assigned:	12/30/2013	Date of Injury:	12/21/2012
Decision Date:	04/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in General Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58-year-old female who reported an injury on 12/21/2012. The mechanism of injury was not provided for review. The patient's treatment history included participation in weight loss programs on 2 previous occasions that did result in significant weight loss. The patient had persistent osteoarthritic-related knee pain. Bariatric surgery was recommended to assist with pain relief

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bariatric surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor, <https://www.mdguidelines.com/obesity>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Bariatric surgery.

Decision rationale: The Official Disability Guidelines recommend gastric bypass surgery over gastric banding as an appropriate bariatric surgery for patients who are considered morbidly obese with body mass index greater than thirty (30). The clinical documentation submitted for

review does show evidence that the patient is considered morbidly obese, with a body mass index of greater than thirty (30). The clinical documentation also shows evidence that the patient has an increasingly difficult time with physical activity secondary to significant knee pain. However, the request as it is written does not clearly identify what type of bariatric surgery is being requested. No clear indication if gastric bypass or gastric banding is being requested. Therefore, the appropriateness of the requested surgery cannot be determined. As such, the requested bariatric surgery is not medically necessary or appropriate.